

CLAIM NUMBER	TYPE OF CLAIM	DEFINITION
01 (UB-82)	Hospital (Inpatient & Outpatient) Hospice Dialysis (Facilities) Swing-Beds	All services for one recipient within one bill or document.
02 (HCFA-1500)	Physicians Physician Assistants Laboratories Nurse-Midwives Birthing Centers Nurse Practitioners Podiatrists Psychologists Rural Health Clinics Community Health Centers Ambulatory Surgical Centers Orthotics & Prosthetics Durable Medical Equipment Case Management - Perinatal Case Management - Mental Health Mental Health Clinics Vision Care Home Health Services Community Care Services Waivered Services	All services for one recipient within one bill or document.
03	Family Planning (Tape)	All services for one recipient within one bill or document.
08	Anesthesia	
09	Ambulance	
10	NET	
14	EPSDT	
16	Cross-over: Inpatient	
17	Cross-over: Outpatient	
18	Cross-over: Nursing Homes	
19	Cross-over: Other	
20	Dental Services	
13	Pharmacy	A line item of service
15	Nursing Home	

TRANSMITTAL 90-44
APPROVED 12-20-90
EFFECTIVE 10-1-90
SUPERSTORES 89-24